

# DMV- CERTIFICATE OF ENROLLMENT REQUEST

Please complete below information and email to:

[duluthhsattendance@gmail.com](mailto:duluthhsattendance@gmail.com)

Student #: \_\_\_\_\_

Name:

\_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ (Month/Day/Year)

\_\_\_\_\_  
**Student Address**

\_\_\_\_\_  
**City**

**State**

**Zip**

\_\_\_\_\_

Your Email address:

\_\_\_\_\_